

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th day

70th day

2-3-18

2-28-18

PRINTED: 12/21/2017  
FORM APPROVED  
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <b>POC #1</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  446160	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  12/18/2017																	
NAME OF PROVIDER OR SUPPLIER  DIVERSICARE OF SMYRNA			STREET ADDRESS, CITY, STATE, ZIP CODE 200 MAYFIELD DRIVE SMYRNA, TN 37167																			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE																		
K 321 SS=D	<p><b>Hazardous Areas - Enclosure</b> <b>CFR(6): NFPA 101</b></p> <p>Hazardous Areas - Enclosure 2012 EXISTING</p> <p>Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.</p> <p>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1</p> <table border="0"> <tr> <td>Area</td> <td>Automatic Sprinkler</td> </tr> <tr> <td colspan="2">Separation N/A</td> </tr> <tr> <td colspan="2">a. Boiler and Fuel-Fired Heater Rooms</td> </tr> <tr> <td colspan="2">b. Laundries (larger than 100 square feet)</td> </tr> <tr> <td colspan="2">c. Repair, Maintenance, and Paint Shops</td> </tr> <tr> <td colspan="2">d. Soiled Linen Rooms (exceeding 64 gallons)</td> </tr> <tr> <td colspan="2">e. Trash Collection Rooms (exceeding 64 gallons)</td> </tr> <tr> <td colspan="2">f. Combustible Storage Rooms/Spaces (over 50 square feet)</td> </tr> <tr> <td colspan="2">g. Laboratories (if classified as Severe Hazard - see K322)</td> </tr> </table> <p>This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to maintain their hazardous areas.</p> <p>The finding included:</p>	Area	Automatic Sprinkler	Separation N/A		a. Boiler and Fuel-Fired Heater Rooms		b. Laundries (larger than 100 square feet)		c. Repair, Maintenance, and Paint Shops		d. Soiled Linen Rooms (exceeding 64 gallons)		e. Trash Collection Rooms (exceeding 64 gallons)		f. Combustible Storage Rooms/Spaces (over 50 square feet)		g. Laboratories (if classified as Severe Hazard - see K322)		K 321	<p>K321</p> <p>A self-closing device was installed on the door of the kitchen food storage room on 1.11.18.</p> <p>All other doors that require a self-closing device or automatic closing device were checked and no other needed any additional devices.</p> <p>Dietary staff have been in serviced by the DSM and / or Maintenance Manager on keeping the door free of any impediments from closing. The Maintenance Manager will check doors as part of the center monitoring program and include the documentation within the program.</p> <p>Any concerns identified by the Maintenance Manager during his monitoring rounds will be reviewed during the center QAPI for further intervention and/or follow up if needed. The QAPI is attended by the Medical Director, Administrator, DNS, ADNS, Clinical Educator, Dietary Manager, Social Services, Activities Director, Rehab Director, Maintenance Manager, CNA and Business Office Manager.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 12/21/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  448160	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING		(X3) DATE SURVEY COMPLETED  12/18/2017
NAME OF PROVIDER OR SUPPLIER  DIVERSICARE OF SMYRNA			STREET ADDRESS, CITY, STATE, ZIP CODE 200 MAYFIELD DRIVE SMYRNA, TN 37167		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 321	Continued From page 1 Observations on 12/18/2017 at 11:10 AM, revealed the kitchen food storage room was not self closing. NFPA 101, 19.3.2.1.5 (2012 Edition)  The maintenance director was present for this finding which was later acknowledged by the maintenance director on 12/18/2017.	K 321			
K 345 SS=D	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101  Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25  This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to maintain their fire alarm system in accordance with NFPA 72.  The finding included:  Document review on 12/18/2017 between 11:53 AM and 12:25 PM, revealed the facility could not provide documentation for a smoke sensitivity test within the last two years NFPA 101, 19.3.2.5.3(11) (2012 Edition), NFPA 72, 14.4.5.3.2 (2010 Edition)	K 345	K345  The required smoke sensitivity testing was completed on 12.19.17 by outside vendor.  The Maintenance Manager has entered a 2 year reminder into the center TELS system so that there will be an automatic alert when the testing is required again.  The Maintenance Manager will report to the QAPI committee when the required testing is 90 days from being due. The Maintenance Manager has been in- serviced by the administrator. The QAPI is attended by the Medical Director, Administrator, DNS, ADNS, Clinical Educator, Dietary Manager, Social Services, Activities Director, Rehab Director, Maintenance Manager, CNA and Business Office Manager.		

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K 345	Continued From page 2  The maintenance director was present for the findings, which was later acknowledged by the administrator during the exit conference on 12/18/2017.	K 345		2/5/18	
K 919 SS=D	Electrical Equipment - Other CFR(s): NFPA 101  Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567, Chapter 10 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to maintain their electrical equipment.  The finding included:  Observation on 12/18/2017 at 11:13 AM, revealed an extension cord that was modified and used as a power cord for the ice machine. NFPA 101, 19.5.1.1 (2012 Edition), NFPA 101, 9.1.2 (2012 Edition), NFPA 70, 110.12 (2011 Edition)  The maintenance director was present for the finding, which was later acknowledged by the administrator during the exit conference on 12/18/2017.	K 919	K919  The cord noted on the ice machine has been removed and replaced with a new power cord following the manufacturer's recommendation and installed according to the manufacturer's instructions on 1.16.18.  Any future equipment at the center will be installed per the manufacturer's recommendations and instructions.  The Maintenance Manager has been serviced by the administrator about following the manufacturer's recommendations and guidelines.		
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101  Electrical Equipment - Power Cords and	K 920			

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K 920	<p>Continued From page 3</p> <p><b>Extension Cords</b></p> <p>Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, the facility failed to provide the proper power strips in patient care areas and extension cords being utilized for permanent use.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Observation on 12/18/2017 at 9:30 AM, revealed an oxygen concentrator plugged into an unapproved power strip in the North hall Therapy room.</li> <li>2. Observation on 12/18/2017 at 10:08 AM, revealed an extension cord being used to power</li> </ol>	K 920	<p><del>K920</del></p> <p>The Maintenance Manager has removed all of the inappropriate power strips.</p> <p>After review for continued need, the Maintenance Manager has replaced the power strips with the approved appropriate equipment.</p> <p>The Maintenance Manager will monitor for continued compliance during his routine maintenance rounds in the center. Any concerns identified that may require any additional intervention will be reviewed with the administrator and at the center QAPI meeting for any additional monitoring for continued compliance. The QAPI is attended by the Medical Director, Administrator, DNS, ADNS, Clinical Educator, Dietary Manager, Social Services, Activities Director, Rehab Director, Maintenance Manager, CNA and Business Office Manager.</p>	2/5/18	

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K 920	Continued From page 4 a TV in room 202.  3. Observation on 12/18/2017 at 10:18 AM, revealed an extension cord powering a refrigerator in the janitor supply room.  4. Observation on 12/18/2017 at 10:33 AM, revealed an extension cord powering the projector in the training room.  5. Observation on 12/18/2017 at 10:35 AM, revealed an extension cord (with a multiplug adapter) mounted to the sink in the Salon.  6. Observation on 12/18/2017 at 11:17 AM, revealed an extension cord powering the Direct TV system in the mechanical room.  7. Observation on 12/18/2017 at 11:18 AM, revealed 10 power strips plugged in back to back (daisy chained) that were powered by the extension cord listed above.  8. Observation on 12/18/2017 at 11:50 AM, revealed an extension cord powering a TV in room 411. NFPA 99, 10.2.4 (2012 Edition)  The maintenance director was present for these findings which were later acknowledged by the administrator during the exit conference on 12/18/2017.	K 920			
K 923 SS=D	Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101  Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and	K 923			



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NAME OF PROVIDER OR SUPPLIER  DIVERSICARE OF SMYRNA			STREET ADDRESS, CITY, STATE, ZIP CODE 200 MAYFIELD DRIVE SMYRNA, TN 37187		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 923	<p>Continued From page 6</p> <p>ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3.</p> <p>&gt;300 but &lt;3,000 cubic feet</p> <p>Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating.</p> <p>Less than or equal to 300 cubic feet</p> <p>In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2.</p> <p>A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier.</p> <p>Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, the facility failed to properly store oxygen containers.</p> <p>The finding included:</p>	K 923	<p>K923</p> <p>The oxygen cylinders stored in the closet have been removed and relocated to the central supply area in the center.</p> <p>The oxygen cylinders and cylinder holders have been relocated to an area in central supply in excess of the required 5 feet and are labeled appropriately.</p> <p>The Maintenance Manager and Central Supply staff member will for continued compliance.</p> <p>If any additional interventions are required to continue compliance, the Maintenance Manager will review with the Administrator and include in the center QAPI meeting. The QAPI is attended by the Medical Director, Administrator, DNS, ADNS, Clinical Educator, Dietary Manager, Social Services, Activities Director, Rehab Director, Maintenance Supervisor, CNA and Business Office Manager.</p>	3/5/18	

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AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

445180

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - MAIN BUILDING 01

B. WING

(X3) DATE SURVEY  
COMPLETED

12/18/2017

NAME OF PROVIDER OR SUPPLIER

DIVERSICARE OF SMYRNA

STREET ADDRESS, CITY, STATE, ZIP CODE

200 MAYFIELD DRIVE

SMYRNA, TN 37167

(X4) ID  
PREFIX  
TAGSUMMARY STATEMENT OF DEFICIENCIES  
(EACH DEFICIENCY MUST BE PRECEDED BY FULL  
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PREFIX  
TAGPROVIDER'S PLAN OF CORRECTION  
(EACH CORRECTIVE ACTION SHOULD BE  
CROSS-REFERENCED TO THE APPROPRIATE  
DEFICIENCY)(X5)  
COMPLETION  
DATE

K 923 Continued From page 6

Observation on 2/18/2017 at 11:21 AM, revealed oxygen stored in the hallway closet by central supply within 5 ft of combustible materials. NFPA 101, 19.3.2.4 (2012 Edition), NFPA 99, 11.3.2.3 (2012 Edition)

The maintenance director was present for the finding which was later acknowledged by the administrator during the exit conference on 12/18/2017.

K 923

RECEIVED DEC 21 2017